



THE OAKS

Community Association

5607 Jackson Valley Road | Lone, CA 95640 | 209-274-6056 | office@theoaksone.com

HOUSEHOLD PROFILE

Date: _____

Lot#: _____

Property Address: _____

Name(s) of Owner(s) Reflected on Title: _____

Property is Owner Occupied ☐ Renter Occupied ☐ 2nd Family Home ☐

Additional Names of ADULTS Household Members: _____

Names and Birthdates of all Minor CHILDREN in Household: _____

PRIMARY MAILING ADDRESS to which Notices from the Association are to be Delivered: _____

**Primary Phone Number: _____ Primary Email Addresses: _____

Secondary Phone Number: _____ Secondary Email Address: _____

☐ Yes, include my primary email for community information and residential account correspondence.

☐ **Yes, include my primary number in receiving text messages from TOCA to communicate events, urgent notifications, and community news. Reply "STOP" at any time to opt-out.

Vehicle Information: (Please list all vehicles within the household)

Make: _____ Model: _____ Year: _____ Color: _____ License #: _____

Make: _____ Model: _____ Year: _____ Color: _____ License #: _____

Make: _____ Model: _____ Year: _____ Color: _____ License #: _____

List all Pets - Type, Breed, Color, Name (2 pet limit): _____

Emergency Contact: _____ Relationship to Owner: _____

☐ Membership List: Per CA Civil Code, Owners are permitted to request an Owner's (membership) list from Management. Should you wish for your information to be removed from this list, please check this box.

Civil Code requires Owners to annually provide written notice to the association of their preferred delivery method and a secondary delivery method. If a member fails to provide this form annually, the last mailing address provided in writing by the member, or if none, the property address shall be deemed to be the address to which notices are to be delivered.

Any subsequent changes to the information on this form, must be submitted to Management using this form

Resident Signature: _____ Date: _____

Resident Signature: _____ Date: _____

SUBMIT COMPLETED FORM TO: office@theoaksone.com